



# MINE HILL TOWNSHIP

Municipal Building, 10 Baker Street, Mine Hill, NJ 07803

Construction Department  
 Office: (973) 366-9031 x 5  
 Fax: (973) 366-1626

## Fire Safety and Habitability Application for Rental and/or Resale of Residential Property

Address of Property \_\_\_\_\_

Unit # \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

(A form must be completed for each rental unit)

<input type="checkbox"/> Rental	<input type="checkbox"/> Resale of Residential Property
Lease Start Date _____ End Date _____	Closing Date _____

<input type="checkbox"/> 15 + days prior to closing \$100	<input type="checkbox"/> 6-14 days prior to closing \$125	<input type="checkbox"/> 5 days or less \$175
<input type="checkbox"/> Fire Safety Inspection for Rental Property \$150		

Current Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Tenant or Purchaser Information

*(Use separate sheet if necessary)*

Name	Phone Number

**Description of Dwelling:**

**Number of.....**

Single Family

Floors, including basement\_\_\_\_\_

Duplex

Bedrooms\_\_\_\_\_Kitchens\_\_\_\_\_

Multi-family

Bathrooms\_\_\_\_\_Garage/Sheds\_\_\_\_\_

Townhouse/Condo

Smoke Detectors\_\_\_\_\_

Other

CO Detectors\_\_\_\_\_

**Type of Heat**

Oil

Gas

Electric

**Please check all that apply**

<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Municipal Sewer	<input type="checkbox"/> Septic
<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Private Well
<input type="checkbox"/> Fire Extinguisher Present in Kitchen	<input type="checkbox"/> House # Identification

***FOR RENTAL PROPERTIES ONLY***

**PLEASE ATTACH A COPY OF THE FLOOR PLAN TO THIS APPLICATION**

**Responsible Party/Property Manager** (A person who resides in Morris County and is authorized by the property owner to accept notices from the tenant or municipality, to issue receipts for these notices, and to accept service of process on behalf of the property owner and who may be reached at any time in the event of an emergency – if additional contacts are needed, please use reverse side or attach additional sheet if necessary).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_

24 Hour

Telephone#: \_\_\_\_\_

**Owner Certification:**

**Rental properties must check off both certifications**

I hereby certify that all the above information is true to the best of my knowledge, and belief, I am aware that if the foregoing information is willingly false, that I am subject to penalties and criminal prosecution.

I hereby certify that I am fully aware that if there is a change in tenancy, I am required to re-register the above mentioned property.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-----FOR OFFICE USE ONLY-----**

Date received \_\_\_\_\_ Inspection Date \_\_\_\_\_ after 1pm  
Fee \$ \_\_\_\_\_ Check/Cash Check# \_\_\_\_\_ Control # \_\_\_\_\_  
Received and Entered by \_\_\_\_\_ Date \_\_\_\_\_